

Transponder Application

	Cus	stomer Information				
Carrier Name			USDOT # on the side of the truck (Carrier Responsible for Safety)			
Mailing Address		City	Stat	te Zip)	
Contact Person	Phone Number	Email				
	Ve	ehicle Information				
A. To register less than 10 transponders: Include a copy of the vehicle(s) Registration/Cab Card						
B. To register 10 or more transponders: Send a spreadsheet with the plate, base state, unit, VIN, year, make, GVW, and registration expiration date. (Depending on the base state we may call/email requesting three random cab cards)						
Note: Transponder(s) will be mailed or vehicle(s) Registration/Cab Card	ut unassigned unles	s the application is accor	npanied by either a s	preadshe	et or copies of the	
Terms ar	nd Conditions o	of the Electronic Pre	-Clearance Pro	gram		
Carrier assumes full ownership and responsibility for the transponder						
 Carrier will report any changes in vehicle information or transponder assignment (add, remove, or transfer) in writing to WSDOT via fax (360) 705-6836 or email TransponderAdmin@wsdot.wa.gov 						
 Carrier may bypass an open port or weigh station only after a green light is sent to the transponder, or when no light appears on the transponder and the message sign indicates a direction to bypass 						
Payment Information						
Credit Cards NOT accepted. Please send the application, vehicle information, and a check or money order (in US Funds), made payable to the address below.						
Washington State Department Of Transportation Attn: Cashier PO Box 47305 Olympia WA 98504-7305					407 28177	
Number of Transponders Requested						
X \$35.00 =	Am	nount Due				
Note: Once a transponder has been obtained there is no monthly fee for using the device in NORPASS states						
Motor Carrier Self Certification Statement						
I agree to comply with the applicable State and Federal Motor Carrier rules and regulations as administered by the state of Washington. I agree to maintain and/ or keep current my IFTA and/or IRP account(s), as appropriate. I also agree to comply with the terms and conditions for the installation and use of the transponder by WSDOT.						
Signature		Title		Date		
For Additional Information please visit our web site: www.wsdot.wa.gov/CommercialVehicle/CVISN						

Contact Us: 1-888-877-8567 Fax: 360-705-6836

DOT Form 234-130 Email: TransponderAdmin@wsdot.wa.gov Revised 04/2014